

## Exhibit 5

# OFFICE OF THE SHERIFF



COUNTY OF LOS ANGELES



HALL OF JUSTICE

ALEX VILLANUEVA, SHERIFF

(818) 878-1808

February 6, 2020

Dear [REDACTED]

## WATCH COMMANDER'S SERVICE COMMENT REPORT #246263

Thank you for taking the time to express your concern regarding personnel from the Malibu/Lost Hills Station. Your complaint was documented and assigned to [REDACTED] for investigation.

On December 8, 2020, you emailed Malibu/Lost Hills Station Captain Matthew S. Vander Horck to complain regarding a traffic report which you felt was incomplete and the contact you had with a traffic sergeant. Your complaint has been thoroughly investigated and our inquiry revealed that the conduct of our employee could have been better. We have documented and discussed the matter with the personnel involved, continuing to emphasize our expectation of professional conduct and courtesy when dealing with the public we serve. Please be assured the appropriate administrative action has been taken.

I appreciate you bringing this matter to our attention and the opportunity it afforded me in evaluating the level of law enforcement service provided by the men and women assigned to Malibu/Lost Hills Station.

Sincerely,

ALEX VILLANUEVA, SHERIFF

Matthew S. Vander Horck, Captain  
Malibu/Lost Hills Station

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

*A Tradition of Service*  
Since 1850

CONFIDENTIAL-PURSUANT TO STIPULATED PROTECTIVE ORDER

COLA-000065

**Employee: Sgt. Kelly, Travis #404532      RESULT OF SERVICE COMMENT REVIEW**

Lt. Carrillo, Anna #444631

SCR# (PDE)	2503068	SCR#	246263								
SCR Intake Completed by:	<b>Lt. Carrillo, Anna #444631</b>	LHS	<input type="checkbox"/> COMMENDATION								
Rank, Name & Emp #		Unit	<input type="checkbox"/> SERVICE COMPLAINT								
SCR Review Conducted by:	<b>Lt. Carrillo, Anna #444631</b>	LHS	<input checked="" type="checkbox"/> PERSONNEL COMPLAINT								
Rank, Name & Emp #		Unit									
<p><input type="checkbox"/> <b>Commendation Public</b> (Received from individual members of the public, businesses, corporations, etc.)</p> <p><input type="checkbox"/> <b>Commendation Professional</b> (Government entities expressing appreciation for professional services rendered by our personnel.)</p> <p><input type="checkbox"/> <b>Review Comp - Service Only - No Further Action</b></p> <p><input checked="" type="checkbox"/> <b>Employee Conduct Appears Reasonable</b> (Review indicated the employee's actions appear to be in compliance with procedures, policies, guidelines or training.)</p> <p><input type="checkbox"/> <b>Appears Employee Conduct Could Have Been Better</b> (The employee's actions were in compliance with procedures, policies, guidelines. The complaint could have been minimized if the employee had employed tactical communication principles or common sense.)</p> <p><input type="checkbox"/> <b>Employee Conduct Should Have Been Different</b> (The employee's actions were not in compliance with established procedures, policies, guidelines or training. WC will take appropriate actions.)</p> <p><input type="checkbox"/> <b>Unable to Make a Determination</b> (The review revealed insufficient information to assess the employee's alleged conduct or to identify the employees involved.)</p> <p><input type="checkbox"/> <b>Resolved - Conflict Resolution Meeting</b> (A conflict resolution meeting with the reporting party and involved employee(s) was held. The meeting adequately addressed all concerns and no further actions are deemed necessary.)</p>											
<p>Note: Refer to the Service Comment Review Handbook for specific definitions of each result</p> <p><b>CONFlict RESOLUTION TECHNIQUES UTILIZED:</b>  <i>This section must be completed</i>      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>											
<p><b>WATCH COMMANDER'S DISCRETION - SERVICE REVIEW TERMINATED</b></p> <p><input type="checkbox"/> Reporting Party under the influence at time of complaint and re-contacted when sober - no misconduct reported.</p> <p><input type="checkbox"/> Factually impossible complaint or reporting party demonstrated diminished capacity.</p> <p><input type="checkbox"/> Third party complaint without witnesses where the allegedly aggrieved party is uncooperative or unavailable and there is insufficient evidence to continue review or inquiry.</p> <p><input type="checkbox"/> Watch Commander has personal knowledge the complaint is false.</p>											
<p><b>EXONERATION</b></p> <p><input type="checkbox"/> The employee was not personally involved or in any way connected to the incidents or alleged conduct.</p> <p><input type="checkbox"/> Inquiry revealed that all allegations were clearly false or reporting party demonstrated diminished capacity.</p> <p><input type="checkbox"/> The allegations, broadly construed and even if true, would not in any circumstances constitute a violation of the law or Department policy, rule, or procedure, and the conduct is not otherwise censurable.</p>											
<p>It is requested that the below employee(s) be deemed exonerated:</p> <table border="1"> <tr> <td>Name</td> <td>Employee Number</td> </tr> </table> <p>Division Chief (Name)</p> <p>Signature</p> <p>Date</p>				Name	Employee Number						
Name	Employee Number										
Name	Employee Number										
Name	Employee Number										
Name	Employee Number										
<p>Date WCSCR Received by Unit: <u>12/5/19</u></p> <p>Date Acknowledgement Letter Sent To Reporting Party <u>12/06/19</u></p> <p>Date Review Completed: <u>02/10/20</u></p> <p>Date Final Outcome Letter Sent To Reporting Party <u>02/10/20</u></p> <p>Date Completed Review Form Provided to Involved Employees <u>02/14/20</u></p> <p>Provided by: _____ Emp #: _____</p> <p><b>ATTACHMENTS INCLUDED</b></p> <p><input checked="" type="checkbox"/> Original WCSCR</p> <p><input checked="" type="checkbox"/> Watch Commander's Memo</p> <p><input checked="" type="checkbox"/> Acknowledgement Letter to Reporting Party</p> <p><input checked="" type="checkbox"/> Final Outcome Letter to Reporting Party</p> <p><input checked="" type="checkbox"/> Audio tapes      Quantity: <u>1 CD</u></p> <p><input checked="" type="checkbox"/> Video Tapes      Quantity: _____</p> <p><input checked="" type="checkbox"/> Unit Performance Log</p> <p><input checked="" type="checkbox"/> Other: <u>Traffic collision report, supplemental reports, In-Service, DDWS, Performance Log Entry, R/P email, DVD</u></p> <p>(<i>a separate disposition is required for each involved employee</i>)</p> <p><input type="checkbox"/> Recommended Outcome Approved - No Further Action</p> <p><input type="checkbox"/> Unit Performance Log Required</p> <p><input type="checkbox"/> Internal or Outside Agency Criminal Investigation Initiated</p> <p><input type="checkbox"/> Internal Affairs Investigation Initiated</p> <p><input type="checkbox"/> Unit Level Administrative Investigation Initiated</p>											
<p>TAB # _____ Date Initiated _____</p> <p><b>FINAL APPROVAL</b></p> <p>The below signed reviewed and approved the disposition of this service review.</p> <p><b>Salvador Becerra, Acting Captain</b>  <i>[Signature]</i>      <u>3-5-20</u>    Unit Commander (Print Name)    Signature      Date</p> <p><b>Christopher J. Reed, Commander</b>  <i>[Signature]</i>      <u>3/5/20</u>    Division Commander (Print Name)    Signature      Date</p> <p><b>FOR DISCOVERY USE ONLY</b></p>											

2020-00023

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
WATCH COMMANDER'S SERVICE COMMENT REPORT

12-05-17

246263

Receiving Bur/Su/Fac:	MALIBU / LOST HILLS		Report Date:	12/05/2017	Time:	1600	SC #:	2503068
Investigating Bur/Su/Fac:	MALIBU / LOST HILLS		URN #:	918-06843-1017-471		TAB #:		
Received By	Commendation	Personnel Complaint			Service Complaint			
<input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> 800 Line <input checked="" type="checkbox"/> E-Mail/Fax <input type="checkbox"/> Website	<input type="checkbox"/> Application to Duties <input type="checkbox"/> commendable Restraint <input type="checkbox"/> Exemplary Conduct <input type="checkbox"/> Tactical Excellence	<input type="checkbox"/> Criminal Conduct (All copies to Unit Cmdr) <input type="checkbox"/> Discourtesy <input type="checkbox"/> Dishonesty <input type="checkbox"/> Force <input type="checkbox"/> Improper Tactics <input type="checkbox"/> Improper Detention, Search, or Arrest	<input checked="" type="checkbox"/> Neglect of Duty <input type="checkbox"/> Operation of Vehicles <input type="checkbox"/> Off Duty Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Other	<input type="checkbox"/> Policy/Procedures <input type="checkbox"/> Response Time <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Other				
Reporting Party Information								
Last Name:	First Name:	MI:	Sex:	F	Age:	Race:	Receiving of Copies with Reporting Party Submitted: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Residence:		City:			State:	Zip:		
Home Phone:	Work Phone:	Cell Phone:						
Home E-Mail Address:	Work E-Mail Address:							
Third Party: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Present at Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Has any member of this Department attempted to discourage you in any way from bringing this matter to the attention of the Department? If Yes, Who?								
Involved Party Information (If not Reporting Party)								
Last Name:	First Name:	MI:	Sex:	Age:	Race:			
Residence:		City:		State:	Zip:			
Home Phone:	Work Phone:	Cell Phone:						
Home E-Mail Address:	Work E-Mail Address:							
Contact/Event Information								
Date: 11/7/19	Time: 1830	City or Station Area: MALIBU			RD: 1017			
Location/Address: PACIFIC COAST HIGHWAY @ BIG ROCK DRIVE								
Sync: ALLEGED DEPUTY TELLES FAILED TO INCLUDE PERTINENT INFORMATION IN A TRAFFIC COLLISION REPORT SHE WAS INVOLVED IN. ALSO STATED THAT SERGEANT KELLY WAS DEFENSIVE AND BORDERLINE DISRESPECTFUL AND CONDESCENDING TOWARDS HER.								
See Attached								
Was a Supervisor Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Last Name:	First Name:	MI:	Rank:	Employee #: _____			
Witness Information								
Last Name:	Home Phone:			Work Phone:				
Residence:	City:	State:	Zip:	Cell Phone:				
Home E-Mail Address:	Work E-Mail Address:							
Involved Employee Information								
Last Name:	First Name:	MI:		Height:	Weight:			
Employee #:	Unit of Assignment:	Work Assignment (Unit #, Module, etc):	<input type="checkbox"/> EM Shift <input type="checkbox"/> Day Shift <input checked="" type="checkbox"/> PM Shift	<input type="checkbox"/> Regular Shift <input checked="" type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty				
Last Name: KELLY	First Name: TRANS	MI: E.	Work Phone: (818) 878-1808	Height:	Weight:			
Employee #: 404532	Unit of Assignment: MAR/LHTS	Work Assignment (Unit #, Module, etc): TRAFFIC	<input type="checkbox"/> EM Shift <input checked="" type="checkbox"/> Day Shift <input type="checkbox"/> PM Shift	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty				
Employee Witness Information								
Last Name:	First Name:	MI:	Employee #:	Last Name:	First Name:	MI:	Employee #:	
Watch Commander (Person Completing Report)								
Print Full Name: ANNA H. CARRILLO			Employee #: 444631	Signature: 				